

HPAE LOCAL 5004

To _____, Supervisor UNIT: _____
SHIFT: _____
FROM _____ DATE: _____

I have notified you at the start of this shift that the staffing provided is not adequate to meet the needs of the patients on this unit at this time. You have failed to provide proper staffing.

Please be aware that while I will do all that I can to insure safe and proper care for my patients, I fear that my efforts and those of the staff will not be sufficient.

Therefore, I am informing you that I cannot take responsibility for any error or incidents that take place as a result of the unsafe conditions the Medical Center has created.

Signature: _____

cut here

UNION COPY- HPAE LOCAL 5004

I have sent notice to my supervisor that staffing levels were inadequate to meet patient care needs and that in my professional opinion, unsafe conditions exist. No remedy was provided and I notified her of the Medical Center's responsibility for errors and incidents that may result.

DATE _____ UNIT _____ SHIFT _____ SUPERVISOR _____

Signatures

of RN's scheduled _____ # of RN's who actually worked _____
Census at start of shift: _____ Census at end of shift _____
Acuity Index _____ # of Admissions _____ # of Discharges _____
Stepdown census at start of shift: _____ Stepdown Census at end of shift _____
Acuity Index _____ # of Admissions _____ # of Discharges _____
ICU # of 1:1 patients _____ (fresh post-op, CVVH, protocol (explain on back)
of Secretaries: assigned or covering _____ No Secretary provided _____
#of PCA/PCT _____ # of Monitor Techs _____
Amount of time RN provided coverage for breaks/meals for monitor tech and/or sitter
_____ (hours/min). **and/or** coverage for nurses on another unit _____ (hours/min)
(Please describe conditions on back of this lower portion. Thank you.)

Place in locked union mailbox in nursing office or fax to union office at 201-262-4345